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Topical Review

Health Disparities in Transgender and Gender Expansive Adolescents: A Topical Review From a Minority Stress Framework

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Abstract

Objective To present a topical review of minority stressors contributing to psychosocial and physical health disparities in transgender and gender expansive (TGE) adolescents. **Methods** We conducted a topical review of original research studies focused on distal stressors (e.g., discrimination; victimization; rejection; nonaffirmation), proximal stressors (e.g., expected rejection; identity concealment; internalized transphobia), and resilience factors (e.g., community connectedness; pride; parental support) and mental and physical health outcomes. **Results** Extant literature suggests that TGE adolescents experience a host of gender minority stressors and are at heightened risk for negative health outcomes; however, limited research has directly applied the gender minority stress framework to the experiences of TGE adolescents. Most research to date has focused on distal minority stressors and single path models to negative health outcomes, which do not account for the complex interplay between chronic minority stress, individual resilience factors, and health outcomes. Research examining proximal stressors and resilience factors is particularly scarce. **Conclusions** The gender minority stress model is a helpful framework for understanding how minority stressors contribute to health disparities and poor health outcomes among TGE adolescents. Future research should include multiple path models that examine relations between gender minority stressors, resilience factors, and health outcomes in large, nationally representative samples of TGE adolescents. Clinically, adaptations of evidence-based interventions to account for gender minority stressors may increase effectiveness of interventions for TGE adolescents and reduce health disparities in this population of vulnerable youth.

Key words: gender diverse; gender minority; gender minority stress; mental health; physical health; youth.

Introduction

Transgender and gender expansive (TGE) adolescents have gender identities and/or expressions that do not align with cultural expectations associated with their designated sex at birth. TGE adolescents are at disproportionate risk for physical and psychosocial

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adversities. Compared to cisgender peers, TGE adolescents experience a two to three times increased risk for anxiety, depression, self-harm, suicidal ideation, and suicide attempts (Reisner et al., 2015) and a two to four times increased risk for substance misuse (Day, Fish, Perez-Brumer, Hatzenbuehler, & Russell, 2017). TGE adolescents are also at heightened risk for HIV and sexually transmitted infections (STIs; Fisher, Fried, Desmond, Macapagal, & Mustanski, 2018) and overall poorer health (Rider, McMorris, Gower, Coleman, & Eisenberg, 2018). Despite heightened risk, the empirical research examining mechanisms driving negative mental and physical health outcomes in this population is sparse.

Gender Minority Stress Theory

The gender minority stress framework posits that TGE individuals are subjected to unique stressors navigating the world as members of a minority group, which, in turn, increases vulnerability to negative physical and psychosocial health outcomes (Hendricks & Testa, 2012). This model emphasizes two types of stressors—distal and proximal—that confer risk for negative health outcomes, in addition to resilience-promoting factors. Distal stressors are objective, occur because of one's minority status, and exist within social structures, including discrimination, nonaffirmation, and victimization that are codified through laws, policies, and cultural norms. Proximal stressors are internal or subjective experiences at the individual level, including internalized transphobia, concealment of minority experience/identity, and fear of future discrimination, rejection, and victimization (Testa, Habarth, Peta, Balsam, & Bockting, 2015). Stressors can be chronic or acute in nature, and over time, increase vulnerability to negative mental and physical health outcomes. Resilience factors, such as positive self-identity and community engagement, on the other hand, can buffer against negative sequelae (Hendricks & Testa, 2012). There is support for gender minority stress processes accounting for health disparities in TGE adults (Testa et al., 2015), but its application to the experiences of adolescents remains quite limited. Thus, the purpose of this topical review is to summarize the literature on mechanisms underlying mental health disparities in TGE adolescents from a gender minority stress framework and identify specific research and clinical priorities. Better understanding of the role of gender minority stressors in adolescence is important, given that this developmental period is both a time of identity exploration and increased vulnerability to the impact of minority stress on psychosocial and physical health outcomes.

Distal Stressors

TGE adolescents experience disproportionately high rates of school-based peer victimization (Reisner, Greytak, Parsons, & Ybarra, 2015). Gender minority stress theory posits that gender-based peer victimization could lead to negative coping strategies, such as substance misuse, placing TGE adolescents at heightened risk for negative health consequences, and other risky behaviors. Indeed, studies show that TGE students are more likely to use alcohol, marijuana, and other substances than cisgender youth, and that the association between gender minority status and substance use is mediated by disproportionate victimization experiences (Reisner, Greytak, et al., 2015). Peer victimization during adolescence predicts increased depression, suicidality, and rates of HIV and STIs in TGE and lesbian, gay, and bisexual young adults (Russell, Ryan, Toomey, Diaz, & Sanchez, 2011). School-based peer victimization also results in increased absenteeism (Rosenberg, 2002) and dropout rates (Grossman & D'Augelli, 2007), ostensibly contributing to the educational, occupational, and subsequent economic disparities affecting TGE adults. Persistent victimization on the basis of identity may also result in identity concealment efforts, which while potentially protective in the short-term (e.g., concealing one's identity reduces risk for victimization), may be harmful in the long term (e.g., internalized transphobia). Nonaffirmation of gender identity by family members is also associated with poor mental health outcomes; rejected adolescents experience more depression, anxiety, and suicidality (Pariseau et al., 2019).

TGE youth are also twice as likely to experience maltreatment (<15 years of age) by parents and caregivers compared to cisgender youth (Reisner, White, Bradford, & Mimiaga, 2014). This places them at higher risk for psychiatric disorders, suicidality, substance use, STIs, and homelessness associated with childhood maltreatment (Norman et al., 2012). Homelessness, which is often a result of escaping caregiver abuse (Shelton, 2016), is estimated to impact up to 45% of all lesbian, gay, bisexual, and transgender (LGBT) adolescents (Rhoades et al., 2018). Notably, the cycle of homelessness may be more difficult for TGE youth to break, as they experience the highest rate of discrimination within the shelter system amongst all minority groups (Quintana, Rosenthal, & Krehely, 2010). Homeless TGE adolescents are typically assigned shelter by their designated sex at birth, not gender identity. This nonaffirmation, in addition to a general lack of training of shelter staff in TGE-related needs, further increases risk for gender-based victimization (Quintana et al., 2010).

TGE youth also experience hardships accessing and navigating the healthcare system (Rider et al., 2018).

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Hospitals may engage in discriminatory or nonaffirming policies (e.g., default use of birth name and pronouns associated with legal sex in medical records) or be ill-equipped to meet the needs of TGE youth (e.g., not trained to work with TGE populations; not offering gender-affirming therapies). These additional barriers to care can result in medical mistrust, and in turn, decrease preventative healthcare usage, delay healthcare utilization, and yield poorer overall health outcomes compared to cisgender peers (Rider et al., 2018).

Proximal Stressors

TGE adolescents may be particularly vulnerable to proximal stressors, specifically perceived rejection and internalization of negative experiences, given that adolescence is characterized by increased peer influence (Steinberg & Monahan, 2007) and is when many individuals come out as TGE (Russell et al., 2011). Despite heightened vulnerability, the research on proximal stressors in TGE adolescents is sparse. It can, however, be assumed that TGE adolescents will face similar proximal stressors as TGE adults, including concealment of minority experience/identity, expectations of discrimination, rejection, and victimization, and internalized transphobia (Testa et al., 2015), which may be further compounded by the limited control of their environment that adolescents experience compared to adults. As is the case with TGE adults (e.g., Valentine & Shipherd, 2018), these proximal stressors will be similarly associated with negative health outcomes for TGE adolescents. In fact, of the limited research that exists with TGE adolescents, findings show that higher reported levels of internalized transphobia are associated with increased odds of youth meeting diagnostic criteria for depression and anxiety disorders (Chodzen, Hidalgo, Chen, & Garofalo, 2019). Such findings support the need for more research directed at examining the effect of proximal stressors on both psychosocial and physical health outcomes in TGE adolescents.

Resilience

The gender minority stress model highlights the importance of resilience to buffer against stressors. At the individual and interpersonal levels, self-acceptance of one's gender identity, a sense of hope for the future, community/peer connections, and positive self-identification (pride) have been recognized as positive coping (Hendricks & Testa, 2012; Shelton, Wagaman, Small, & Abramovich, 2018). Research suggests that TGE adolescents who use community activism and self-affirmation to respond to and reframe rejection cope with discrimination in a more positive manner (Jones & Hillier, 2013).

At the structural level, families, communities, and schools play key roles in helping TGE youth develop coping skills that protect against the negative effects of minority stressors. Research within the family system has shown that TGE youth who perceive their family as supportive of their gender identity and expression have better mental health outcomes and fewer adverse life events (Westwater, Riley, & Peterson, 2019) and experience lower rates of depression (Simons, Schrager, Clark, Belzer, & Olson, 2013) and posttraumatic stress disorder (Wilson, Chen, Arayasirikul, Raymond, & McFarland, 2016). Alternatively, when lacking a supportive family environment, TGE adolescents may build their own supportive community, evidencing resilience in extreme adversity. For example, TGE adolescents and young adults who have experienced homelessness report that defining their own gender identity and choosing where they lived allowed them to not only escape victimization at home, but also improved their overall sense of well-being, despite being homeless (Shelton, 2016). Healthcare professionals can also assist in bolstering resilience and well-being by practicing within gender-affirming frameworks and offering transition-related medical care, which is related to improved psychological functioning for TGE adolescents (Allen, Watson, Egan, & Moser, 2019) and is increasingly accepted as standard of care.

Discussion

Clinical Applications

Informed by a minority stress framework, interventions intended to improve psychosocial and physical health outcomes for TGE adolescents should focus on: (a) reducing distal stressors; (b) reducing proximal stressors; and (c) bolstering resilience. At the structural level, statewide and national antidiscrimination legislation is a key step in reducing exposure to distal stressors. TGE adolescents, however, may also experience distal stressors in unintentional ways, such as misgendering that may inadvertently occur within the healthcare system when medical charts have not been appropriately updated (Guss et al., 2019). Professionals working within healthcare systems can serve as advocates for TGE patients, promoting chosen name and pronoun use in a clearly delineated manner within medical charts. Similarly, reducing misgendering and misnaming in other environments where adolescents spends time, such as school, is needed, particularly given recent research suggesting chosen name use is linked to significant reductions in depression and suicidality (Russell, Pollitt, Li, & Grossman, 2018). Academic administrators and teachers are well positioned to contribute to TGE adolescents' overall well-being by reducing distal stressors

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at school. TGE students who are protected by their teachers from TGE-related peer victimization report feeling safer at school (McGuire, Anderson, Toomey, & Russell, 2010), which ostensibly leads to better academic outcomes (e.g., better concentration in the classroom, decreased absences).

To address the lack of evidence-based interventions targeting proximal stressors in TGE adolescents providers will need to developmentally adapt adult interventions. Evidence-based interventions among LGBT adults support the use of cognitive-behavioral strategies to address minority stress processes (Pachankis & Safren, 2019). Developing evidence-based clinical modalities for TGE adolescents, taking into account the limited control they have of their environment, is needed. In recent years, adaptations have been made to evidence-based clinical interventions, including cognitive-behavioral (Austin, Craig, & D'Souza, 2018) and acceptance and commitment-based approaches (Bennett & Dillman Taylor, 2019) to counter minority stressors. A crucial developmental consideration for youth, however, is that adolescence is a time of identity exploration and formation. Thus, being an affirming clinician requires affirming the child's gender journey, as opposed to affirming a specific gender identity. Youth feeling pressure in any direction while exploring gender identity can internalize feelings of guilt or shame. Cognitive and behavioral strategies that focus on increasing adaptive coping and helping TGE youth to challenge proximal stressors (such an internalized transphobia and negative self-evaluation) are of the utmost importance. Clinicians should be aware of the intersection of minority identities (e.g., race and gender identity) during case conceptualization and treatment.

Furthermore, bolstering resilience will be a key aspect of developing evidence-based interventions. As such, it is important to acknowledge that parents and families represent both potential sources of stress and support. Thus, it is crucial to engage parents and families when working with TGE youth when reducing nonaffirmation and rejection. Parents may be hesitant to support their child's gender exploration. Thus, providing psychoeducation to parents on minority stress and on the benefits of affirming their child's gender journey is critical. Parents may weigh more heavily the risks of gender-affirming medical treatment (e.g., hormone blockers, gender-affirming hormone therapy, surgery) without a clear understanding of minority stress processes, which pose physical and psychological risks to their child. Helping parents affirm their child's gender exploration will bolster resilience (Pariseau et al., 2019). In addition to supporting parents in providing an affirming environment within the home, referrals to support groups to increase connection with other TGE adolescents, as well as referrals to mentorship programs can assist with strengthening pride in identity. Last, family members, healthcare providers, and school administrators can promote resilience, consistent with the gender minority stress model in TGE youth, by providing education on gender identity development and promoting supportive social environments that allow TGE youth to live openly (e.g., Gay/Straight Alliance or Gender/Sexuality Alliance [GSA] groups in schools).

Future Directions

It is clear that more research is needed to further delineate minority stress-related risk and protective processes operating among TGE adolescents to maintain physical and mental health disparities in this vulnerable population. Specifically, more studies that include proximal stressors and resilience are needed, as they are lacking compared to extant research on distal stressors and health outcomes. Furthermore, existing research is largely focused on testing single pathways between a particular distal or proximal stressor and health outcomes (e.g., internalized transphobia increasing risk for depression or anxiety; Chodzen et al., 2019). Single path models, however, do not account for potential additive or synergistic effects of multiple stressors or potential interactive effects between risk and protective processes. For instance, are TGE adolescents who experience both nonaffirmation of gender identity *and* overt victimization at higher risk for negative health outcomes compared to TGE adolescents who are not affirmed in their gender but do not experience verbal/physical victimization? Also, how does engagement with a GSA/Pride group (i.e., connection with other TGE adolescents) interact with school-based victimization to predict mental health outcomes? It is also unclear whether the gender minority stress model may be better conceptualized as a dynamic cascade model whereby exposure to distal stressors confers risk for internalized transphobia, identity concealment efforts, and negative expectations (i.e., proximal stressors), which in turn predict negative health outcomes. To test these models, larger samples of diverse TGE adolescents must be recruited and gender minority stressors need to be reliably measured. An adolescent extension of the adult Gender Minority Stress and Resilience Measure was recently published (Hidalgo, Petras, Chen, & Chodzen, 2019) and may be helpful in future research efforts. Last, other stressors (e.g., socioeconomic status, chronic illness) including those stemming from other marginalized identities (e.g., race) will be important to include in gender minority stress research with TGE adolescents.

Conflicts of interest: None declared.

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